FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001212 (9)**

1. Corporation Name

TAYLOR BUS SALES, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 389 MURRAY KY 42071	P.O. BOX 389 MURRAY KY 42071

3. Date Incorporated or Qualified: 03/10/1994	3a. Date of Last Report: 04/25/1995
4. FEI Number: 61-0593548	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNDON, JAMES A
2241 E. VINA DEL MAR BLVD.
ST PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name: Kenneth Conner
82 Street Address (P.O. Box Number is Not Acceptable): 872 Bermuda Ave.
83
84 City: Sebastian FL 85 Zip Code: 32958

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Kenneth Conner
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE 1-30-96

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	TAYLOR, TOMMYE D	
STREET ADDRESS	205 N. 8TH ST.	
CITY-ST-ZIP	MURRAY KY 42071	
TITLE	DST	☐ DELETE
NAME	TAYLOR, ANNA F	
STREET ADDRESS	205 N. 8TH ST.	
CITY-ST-ZIP	MURRAY KY 42071	
TITLE	V	☒ DELETE
NAME	HERNDON, JAMES A	
STREET ADDRESS	2241 E. VINA DEL MAR BLVD.	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	M	☐ Change ☒ Addition
1.2 NAME	Kenneth Conner	
1.3 STREET ADDRESS	872 Bermuda Ave.	
1.4 CITY-ST-ZIP	Sebastian FL 32958	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #